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Flat Rate

CUSTOMER USE ONLY

METHOD OF PAYMENT

Business Mail

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METHOD OF PAYMENT

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FOR PICKUP OR TRACKING: Visit [www.usps.com](http://www.usps.com)

or Call 1-800-222-1811



Inventor: Mark R. ALVIS et al.

Atty Docket No.: 437252001200

Patent No.: 7,119,062 B1

Issue Date: October 10, 2006

Title: METHODS AND COMPOSITIONS FOR IMPROVED ARTICULAR SURGERY USING COLLAGEN

Documents Filed:

Transmittal (1 page)

Request for Reconsideration (3 pages)

Copy of Request for Certificate of Correction, as filed on May 14, 2007 (7 pages)

COPY



Via: Express Mail: Airbill No. EM 021709930 US

Sender's Initials: KAB10/aac3

Date: October 9, 2007

pa-1199626

EM021709930US

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	Patent#: 7,119,062
	Filing Date	Issued: October 10, 2006
	First Named Inventor	Mark R. ALVIS
	Art Unit	1654
	Examiner Name	A. Mohamed
	Attorney Docket Number	437252001200
Total Number of Pages in This Submission		11

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
• Request for Reconsideration – 3 pages • Copy of the Request for Certificate of Correction, as filed on May 14, 2007 – 7 pages • Return Receipt Postcard		
Remarks: <span style="font-size: 48px; float: right;">COPY</span>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer Number: 25226)	
Signature		
Printed name	Kimberly A. Bolin	
Date	October 9, 2007	Reg. No. 44,546

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 021709930 US, on the date shown below in an envelope addressed to: Attention: Decisions & Certificates of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: October 9, 2007	Signature:  (Sarah Jeromin)

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 021708930 US, on the date shown below in an envelope addressed to: Attention: Decisions & Certificates of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 9, 2007

Signature:

  
(Sarah Jeromin)

Docket No.: 437252001200

(PATENT)

Client Reference No. 14.40359

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Letters Patent of:

Mark R. ALVIS et al.

Patent No.: 7,119,062 B1

Issued: October 10, 2006

For: METHODS AND COMPOSITIONS FOR  
IMPROVED ARTICULAR SURGERY USING  
COLLAGEN

**REQUEST FOR RECONSIDERATION**

Attention: Decisions & Certificates of Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby request reconsideration of the decision dated June 6, 2007 denying the request for Certificate of Correction.

A copy of the original Request for Certificate of Correction and proposed Certificate of Correction filed with the Office on May 14, 2007 are co-filed herewith. By virtue of this communication the Applicants respectfully request reconsideration of the original Request for Certificate of Correction and proposed Certificate of Correction.

REMARKS

As advised by the Office on August 1, 2007, the Applicants submit this Request for Reconsideration of the Request for Certificate of Correction with the requisite fee. As noted above, the Applicants include herewith a copy of the Request for Certificate of Correction and proposed Certificate of Correction that were filed with the Office on May 14, 2007 and hereby request that these be reconsidered at this time.

At the time of filing of the original Request and proposed Certificate of Correction, the Applicants also submitted a statement that certain errors were on the part of the Applicant and therefore the necessary fee set forth in 37 CFR 1.20(a) (\$100.00) was included with the May 14, 2007 filing.

In connection with the present request for reconsideration, please charge our Deposit Account No. 03-1952 (referencing docket number 437252001200) the amount of **\$100.00** covering the fee set forth in 37 CFR 1.20(a).

The errors now sought to be corrected are inadvertent typographical errors, the correction of which is not believed to involve new matter or require reexamination.

Should the Office require additional information or clarification, it is encouraged to contact the undersigned at the number listed below.

**CONCLUSION**

In view of the above, Applicants respectfully request reconsideration and grant of the Certificate of Correction.

In the event that additional fees are due, or, in the unlikely event that the transmittal letter is separated from this document and the Patent Office determines that any fee, an extension and/or other relief is required, applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing Docket No. **437252001200**.

Dated: October 9, 2007

Respectfully submitted,

By 

Kimberly A. Bolin

Registration No.: 44,546

MORRISON & FOERSTER LLP

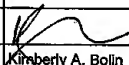
755 Page Mill Road

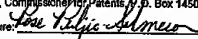
Palo Alto, California. 94304-1018

(650) 813-5740

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/082,443 (Patent: 7,119,062 B1)
	Filing Date	February 22, 2002 (Issued: October 10, 2006)
	First Named Inventor	Mark R. ALVIS
	Art Unit	1654
	Examiner Name	A. Mohamed
	Attorney Docket Number	437252001200
Total Number of Pages In This Submission		7

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing -- 2 pages <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="display: flex; justify-content: space-between;"> <div>Remarks</div> <div style="font-size: 4em; font-weight: bold; text-align: center;">COPY</div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer Number: 25226)		
Signature			
Printed name	Kimberly A. Bolin		
Date	May 14, 2007	Reg. No.	44,546

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airmail No. EV 582593659 US, on the date shown below in an envelope addressed to: Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: May 14, 2007	Signature:  (Rose Fujio-Salmeron)

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b> Application Number 10/082,443 (Patent#: 7,119,062 B1) Filing Date Feb. 22, 2002 (Issued: October 10, 2006) First Named Inventor Mark R. ALVIS Examiner Name A. Mohamed Art Unit 1654 Attorney Docket No. 437252001200	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 100.00			

<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee/Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
HP = Highest number of total claims paid for, if greater than 20.				<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
HP = Highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
100	50	1	250	0.00			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1811 Certificate of correction 100.00							

<b>SUBMITTED BY</b>			
Signature	Registration No. 44,546	Telephone	(650) 813-5740
Name (Print/Type) Kimberly A. Bolin		Date	May 14, 2007

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4918). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b> Application Number 10/082,443 (Patent#: 7,119,062 B1) Filing Date Feb. 22, 2002 (Issued: October 10, 2006) First Named Inventor Mark R. ALVIS Examiner Name A. Mohamed Art Unit 1654 Attorney Docket No. 437252001200	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 100.00			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 03-1952 Deposit Account Name Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

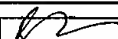
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

DUPLICATE COPY  
 FOR FEE PROCESSING

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
HP = Highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
HP = Highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee Paid (\$)
100	150	(round up to a whole number) x	0.00
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			Fee Paid (\$)
Other (e.g., late filing surcharge): 1811 Certificate of correction			100.00

<b>SUBMITTED BY</b> Signature  Registration No. 44,546 Telephone (650) 613-8740			
Name (Print/Type) Kimberly A. Bolin		Date May 14, 2007	



I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 56289889 US, on the date shown below in an envelope addressed to: Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 17, 2007

Signature: *Rose Pujio-Salmeron*

(Rose Pujio-Salmeron)

Docket No.: 437252001200

(PATENT)

Client Reference No. 14.40359

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Letters Patent of:

Mark R. ALVIS et al.

Patent No.: 7,119,062 B1

Issued: October 10, 2006

For: **METHODS AND COMPOSITIONS FOR  
IMPROVED ARTICULAR SURGERY USING  
COLLAGEN**

**REQUEST FOR CERTIFICATE OF CORRECTION**  
**PURSUANT TO 37 CFR 1.322**

Attention: Certificate of Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted typographical errors which should be corrected.

In the Claims:

In claim 12, column 17, line 63, please replace "and the anesthetic are in a ratio of from about 1:1" with --and the anesthetic are in a ratio of about 1:1--; and

In claim 18, column 18, line 9, please replace "concentration is from about 65 mg/ml." with --concentration is about 65 mg/ml.--; and

In claim 30, column 18, line 44, please replace "are in a ratio of from about 3:1 to about 4.7:1." with --are in a ratio of from about 3:1 to about 4.7:1.--; and

In claim 31, column 18, line 47, please replace "concentration of is about 4-30 mg/ml." with --concentration is about 4-30 mg/ml.--; and

In claim 74, column 20, line 41, please replace "non-crosslinked type I" with --non-crosslinked Type I--; and

In claim 98, column 22, line 21, please replace "The method of claim 74" with --The method of claim 97--

Certain errors were in the application as filed by applicant; accordingly a fee is required. Please charge our Deposit Account No. 03-1952 in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The errors now sought to be corrected are inadvertent typographical errors, the correction of which does not involve new matter or require reexamination.

Transmitted herewith is a proposed Certificate of Correction effecting such amendment. Patentee respectfully solicits the granting of the requested Certificate of Correction.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our **Deposit Account No. 03-1952**, under Order No. **437242001200**.

Dated: May 14, 2007

Respectfully submitted,

By 

Kimberly A. Bolin

Registration No.: 44,546

MORRISON & FOERSTER LLP

755 Page Mill Road

Palo Alto, California 94304-1018

(650) 813-5740

UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 7,119,062  
APPLICATION NO. : 10/082,443  
ISSUE DATE : October 10, 2006  
INVENTOR(S) : Mark R. ALVIS et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In claim 12, column 17, line 63, please replace "and the anesthetic are in a ratio of from about 1:1" with --and the anesthetic are in a ratio of about 1:1--; and

In claim 18, column 18, line 9, please replace "concentration is from about 65 mg/ml." with --concentration is about 65 mg/ml.--; and

In claim 30, column 18, line 44, please replace "are in a ratio of from about 3:1 to about 4.7:1." with --are in a ratio of from about 3:1 to about 4.7:1.--; and

In claim 31, column 18, line 47, please replace "concentration of is about 4-30 mg/ml." with --concentration is about 4-30 mg/ml.--; and

In claim 74, column 20, line 41, please replace "non-crosslinked type I" with --non-crosslinked Type I--; and

In claim 98, column 22, line 21, please replace "The method of claim 74" with --The method of claim 97--

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Kimberly A. Bolin  
MORRISON & FOERSTER LLP  
755 Page Mill Road  
Palo Alto, California 94304-1018